

2019-19-T
281155

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application to change name:

Jessie Smith McClary III dba
Coastal Transfer & Storage
to:

Coastal Transfer & Storage, Inc.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 1987-554-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jessie S. McClary III

Address: 3250 South Fraser St.
Georgetown, SC 29440

Telephone: (843) 546-4563

Fax: N/A

Other: coastaltransfer@copper.net

Email: coastaltransfer@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
JAN 08 2019
PSC SC
CLERK'S OFFICE

CLASS E AMENDMENT FORM

<p>Mail or Fax a copy of this form to:</p> <p>Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210</p> <p>PHONE (803) 896-5100 FAX (803) 896-5199</p>	<p>Need Assistance with completing the Form?</p> <p>SC Office of Regulatory Staff Transportation Department</p> <p>PHONE: (803) 737-0800</p>
--	---

DATE: January 2, 2019

I have the following Certificate of Public Convenience and Necessity:

☒ Class E Household Goods # 6063 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: Jessie Smith McElary III
(Current Name)

Coastal Transfer & Storage
(Current DBA, if Applicable)

To: Coastal Transfer & Storage, Inc
(New Name)

(New DBA, if Applicable)

☐ Scope of Authority

(Current Scope)

(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☐ **Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)**

(Name)

(DBA if applicable)

(Street and/or Mailing Address)

(City, State, Zip Code)

(Signature)

(Title) Owner, President, etc.

(Telephone Number)

Dec 16 2016

REFERENCE ID: 1612161203109

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA



STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

REC 01/02-4773
90-002151/90-002151 13:33:00 002
92-06-90 FMT \$110.00
SECT OF STATE OF SOUTH CAROLINA

1. The name of the proposed corporation is Coastal Transfer and Storage, Inc.
2. The initial registered office of the corporation is Highway 17 South, Shannon Industrial Park
P.O. Box 8202, Georgetown, Georgetown 29440
City County Zip Code
and the initial registered agent as such address is Jessie S. McClary, III
3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:
a. ☒ If the corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000.
b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

Common

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)).
5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See §33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):

Dec 16 2016

REFERENCE ID: 1612161203109

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

6. The name and address of each incorporator is as follows (only one is required):

Name	Address	Signature
Jessie S. McClary, III	Post Office Box 8202, Georgetown, SC	<i>Jessie S. McClary</i>
Susan F. McClary	Post Office Box 8202, Georgetown, SC	<i>Susan F. McClary</i>

7. I, Jack M. Scoville, Jr., an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date January 2, 1990

Jack M. Scoville, Jr.
(Signature)
Jack M. Scoville, Jr.
(Type or Print Name)

Address Post Office Box 1250
Georgetown, S.C. 29442

FILING INSTRUCTIONS

- Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
- If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- Schedule of Fees - payable at time of filing this document

Fee for filing Application - payable to Secretary of State	\$ 10.00
Filing Tax - Payable to Secretary of State	100.00
Minimum License Fee - payable to SC Tax Commission	25.00
- THIS FORM MUST BE ACCOMPANIED BY THE FIRST REPORT OF CORPORATIONS (See §12-19-20), AND A CHECK IN THE AMOUNT OF \$25.00 PAYABLE TO THE SOUTH CAROLINA TAX COMMISSION.

Form Approved by South Carolina
Secretary of State 1/89